| And the second s |  |  |                  |                               |                  |                  |   | Application or Docket Number |                        |         |                     |                        |  |
|--|--|--|------------------|-------------------------------|------------------|------------------|---|------------------------------|------------------------|---------|---------------------|------------------------|--|
| PATENT APPLICATION . DETERMINATION RECORD  |  |  |                  |                               |                  |                  |   |                              |                        |         |                     |                        |  |
| Effective October 1, 2000  |  |  |                  |                               |                  |                  |   |                              |                        |         |                     |                        |  |
|  |  | CLAIMS AS  | MALL EN          | 100                           | OR               | OTHER            | 2. C. |                              |                        |         |                     |                        |  |
| TC   | TAL CLAIMS                                     | aliania de la como de  |                  |                               |                  |                  |   | RATE                         | *FEE                   |         | RATE                | FEE                    |  |
| FO   | R  | Angelia de la companya de la company | NUMBER FILED N   |                               |                  | NUMBER EXTRA     |   | BASIC FEE                    | Samuel Control         | OR      | BASIC FEE           | P800                   |  |
| TOTAL CHARGEABLE CLAIMS  |  |  | H min            | us 20=                        | •                |                  |   | X\$ 9=                       |                        | OR      | X\$18=              |                        |  |
| IND  | EPENDENT CL                                    | AIMS   | mir              | nus 3 =                       | •                |                  |   | X40=                         | 全方                     | OR      | X80=                | ्रेड्ड (१)<br>१९१४ (१) |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |                  |                               |                  |                  |   | +135=                        | in the state of the    | OR      | +270=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |  |                  |                               |                  |                  |   | TOTAL                        |                        | OR      | TOTAL               | ()()(ga                |  |
| į  | CLAIMS AS AMENDED - PART II                    |  |                  |                               |                  |                  |   | OTHER THAN                   |                        |         |                     |                        |  |
|  |  | (Column 1)   |                  | (Column 2) (Column 3)         |                  |                  |   | SMALL                        | ENTITY                 | OR      | SMALL               |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY     | PRESENT<br>EXTRA |   | RATE                         | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *  | Minus            | **                            |                  | =                |   | X\$ 9=                       | 510 h                  | OR      | X\$18=              |                        |  |
|  | Independent                                    | * .  | Minus            | ***                           |                  | =                |   | X40=                         | j                      | OR      | X80=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                  |                               |                  |                  |   | +135=                        | - 44                   | OR      | +270=               |                        |  |
|  |  |  |                  |                               |                  |                  |   | TOŢAL                        |                        | OR      | TOTAL               |                        |  |
|  | (Column 1) (Column 2) (Column 3)               |  |                  |                               |                  |                  |   | ADDIT. FEE ADDIT. FEE        |                        |         |                     |                        |  |
| AMENDMENT B  | (Column 1) CLAIMS                              |  | HIG              |                               | HEST             |                  | 1 г                                       |                              | ADDI-                  |         | · .                 | ADDI-                  |  |
|  |  | REMAINING NUM AFTER PREVIO AMENDMENT PAID  |                  | OUSLY                         | PRESENT<br>EXTRA |                  | RATE                                      | TIONAL<br>FEE                |                        | RATE    | TIONAL<br>FEE       |                        |  |
|  | Total  | *  | Minus            | **                            |                  | =                |   | X\$ 9=                       |                        | OR      | X\$18=              |                        |  |
|  | Independent                                    | *  | Minus            | ***                           |                  | =                |   | X40=                         |                        | OR      | X80=                |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                  |                               |                  |                  | ]   | +135=                        |                        | OR      | +270=               |                        |  |
|  |  |  |                  |                               |                  |                  |   | TOTAL<br>ODIT. FEE           |                        | OR      | TOTAL<br>ADDIT. FEE |                        |  |
|  |  | (Column 1)   | •                | (Colu                         |                  | (Column 3)       |   | <u>.</u> .                   |                        |         |                     |                        |  |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT   |                  | PREVI                         | IBER             | PRESENT<br>EXTRA |   | RATE                         | ADDI-<br>TIONAL<br>FEE | -       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *  | Minus            | **                            |                  | =                |   | X\$ 9=                       |                        | OR      | X\$18=              |                        |  |
|  | ind pendent                                    | •  | Minus            | ***                           |                  | =                |   | X40=                         | ·                      | OR      | X80=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                  |                               |                  |                  | <b>,</b>                                  | +135=                        |                        | OR      | +270=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |  |                  |                               |                  |                  |   |                              |                        | 00      | TOTAL               |                        |  |
| ** If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in a second control of the properties of  |  |  |                  |                               |                  |                  |   |                              |                        |         | ADDIT. FEE          |                        |  |
| ,  | The "Highest Num                               | ber Previously Pai   | d For" (Total or | Independ                      | ient) is the     | nignest numbe    | er toul                                   | no in the app                | propriate box          | k in co | iumn 1.             | <u>.</u>               |  |